



MISSOURI ETHICS COMMISSION  
COMMITTEE STATEMENT OF LIMITED ACTIVITY

1. DATE OF REPORT OFFICE USE ONLY

INSTRUCTIONS ON REVERSE SIDE

M.E.C. ID NO.

C001285

6-30-05

PAT

2. FULL NAME OF COMMITTEE

Committee To Elect Joan Barry

3. COMMITTEE MAILING ADDRESS

2857 Woodbridge Estates Dr

4. COMMITTEE TELEPHONE NUMBER

HOME: 314-487-1558 WORK:

CITY/STATE/ZIP

St Louis MO 63129

5. TREASURER'S NAME

Kirk Benjamin

6. TREASURER'S MAILING ADDRESS

2857 Woodbridge Estates Dr.

7. TREASURER'S TELEPHONE NUMBER

HOME: 314-293-1193 WORK: 314-512-3290

8. DEPUTY TREASURER'S NAME ☐ CHECK ☐ NO DEPUTY TREASURER

Art Smith

9. DEPUTY TREASURER'S MAILING ADDRESS

4421 Ashford Ct St Louis MO 63129

10. DEPUTY TREASURER'S TELEPHONE NUMBER

HOME: 314-894-1197 WORK:

CITY/STATE/ZIP

St Louis MO 63129

11. DATE OF ELECTION

08-2008

12. TYPE OF ELECTION (CHECK ONE)

☒ PRIMARY

☐ GENERAL

☐ SPECIAL

13. TIME PERIOD COVERED BY THIS STATEMENT

FROM 4-1-05

THROUGH

6-30-05

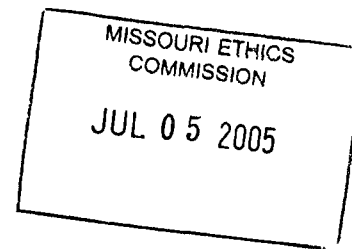
14. IF CANDIDATE COMMITTEE, LIST CANDIDATE'S NAME, OFFICE SOUGHT, POLITICAL SUBDIVISION

Joan Barry  
5050 Lampglow Ct.  
St-Louis, MO 63129  
314-487-1558  
Senate District #1

☐ REPUBLICAN

☒ DEMOCRAT

☐



15. TYPE OF REPORT

☐ OTHER

☐ 8 DAYS BEFORE ELECTION

☐ COMMITTEE QUARTERLY REPORT

JAN 15

APRIL 15

JULY 15

OCT 15

☐ 30 DAYS AFTER ELECTION

☐

☐

☒

☐

☐ 15 DAY AFTER CAUCUS NOMINATION

☐ 15 DAYS AFTER PETITION DEADLINE

16. TREASURER'S STATEMENT

I CERTIFY THAT NEITHER THE AGGREGATE AMOUNT OF CONTRIBUTIONS RECEIVED NOR THE AGGREGATE AMOUNT OF EXPENDITURES MADE BY THE COMMITTEE EXCEEDED FIVE HUNDRED DOLLARS NOR WAS AN AGGREGATE AMOUNT EXCEEDING THE AGGREGATE AMOUNT ALLOWED BY STATUTE RECEIVED FROM ANY SINGLE CONTRIBUTOR DURING THE REPORTING PERIOD STATED IN ITEM 13 ABOVE.

TREASURER'S SIGNATURE

Kirk Benjamin

17. CANDIDATE'S STATEMENT (CANDIDATE COMMITTEES ONLY)

I CERTIFY THAT NEITHER THE AGGREGATE AMOUNT OF CONTRIBUTIONS RECEIVED NOR THE AGGREGATE AMOUNT OF EXPENDITURES MADE BY THE COMMITTEE EXCEEDED FIVE HUNDRED DOLLARS NOR WAS AN AGGREGATE AMOUNT EXCEEDING THE AGGREGATE AMOUNT ALLOWED BY STATUTE RECEIVED FROM ANY SINGLE CONTRIBUTOR DURING THE REPORTING PERIOD STATED IN ITEM 13 ABOVE.

CANDIDATE'S SIGNATURE

Joan M Barry